Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER 390328 NAME OF PROVIDER OR SUPPLIER: UPMC EAST STATE LICENSE NUMBER: 22760101		STREET ADDRESS, 2775 MOSSID	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: S, CITY, STATE, ZIP CODE: DE BOULEVARD LLE, PA 15146		(X3) DATE SURVEY COMPLETED: 07/31/2023		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE COME		(X5) COMPLETE DATE	
P 0000	This report is for the new service, Virtual Provider is Triage, beginning on August 1, 2023. UPMC East attested they were in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.			P 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

State Form 7F4S11 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

UPMC EAST

STATE LICENSE NUMBER: 22760101 SURVEY EXIT DATE: 07/31/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY